RÉSUMÉ DIGEST

ACT 791 (HB 291) **2026 Regular Session** **Berault**

Existing law establishes requirements that govern the payment of provider claims and expressly prohibits the waiver of such requirements by contractual agreement. Existing law stipulates that violations of these provisions constitute unfair methods of competition and unfair or deceptive acts or practices in the business of insurance.

New law retains existing law and explicitly prohibits a health insurance issuer from reducing payments to, or suspending or terminating a provider agreement with, a participating licensed healthcare facility solely due to the involvement of a nonparticipating provider in the patient's care.

New law specifies that this prohibition does not apply to the Office of Group Benefits. New law further preserves existing statutory provisions that prohibit the contractual waiver of requirements governing provider claim payments and maintains the declarations that violations thereof constitute unfair or deceptive acts or practices in the business of insurance.

Effective June 8, 2026.

(Amends R.S. 22:1828(D) and (E); Adds R.S. 22:1828(F))